



Supplemental Application Data Sheet

Application Information

Application number::	10/619,884
Filing Date::	07/15/03
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	2812
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	METHOD TO IMPROVE BITLINE CONTACT FORMATION USING A LINE MASK
Attorney Docket Number::	INTECH 3.0-083
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	3
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Michael
Family Name::	Maldei
City of Residence::	Durham
State or Province of Residence::	NC
Country of Residence::	US

Street of mailing address:: 4609 Regency Drive
City of mailing address:: Durham
State or Province of mailing address:: NC
Postal or Zip Code of mailing address:: 27713

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Johnathan
Family Name:: Faltermeier
City of Residence:: LaGrangeLaGrangeville
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 7 Stratford Road
City of mailing address:: LaGrangeLaGrangeville
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 12540

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Family Name:: Dobuzinsky
City of Residence:: New Windsor
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 320 Currycross Road
City of mailing address:: New Windsor
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 12553

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Prakash
Middle Name:: C.
Family Name:: Dev
City of Residence:: Plano
State or Province of Residence:: TX
Country of Residence:: US
Street of mailing address:: 7716 Cap RockCaprock Drive
City of mailing address:: Plano
State or Province of mailing address:: TX
Postal or Zip Code of mailing address:: 75025

Applicant Authority Type:: Inventor
Primary Citizenship Country Germany
Status:: Full Capacity
Given Name:: Thomas
Middle Name:: S.
Family Name:: Rupp
City of Residence:: StormvilleFaak am see
State or Province of Residence:: NYCarinthia
Country of Residence:: USAAustria
Street of mailing address:: ~~109 Sunny Lane~~Feldgasse 5
City of mailing address:: StormvilleFaak am see
State or Province of mailing address:: NYCarinthia
Postal or Zip Code of mailing address:: ~~12582~~9853

Correspondence Information

Correspondence Customer Number:: 000530

Representative Information

Representative Customer Number:: 000530

Assignee Information

Assignee name:: Infineon Technologies North America Corp.
Street of mailing address:: 1730 North First Street
City of mailing address:: San Jose
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95112

Assignee name:: International Business Machines
Corporation
Street of mailing address:: New Orchard Road
City of mailing address:: Armonk
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 10504

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